

Abstract

Purpose - *Formal ties between the theatre and research dissemination have only recently developed and its general efficacy is largely unknown. Here we aim to redress this neglect by examining the effectiveness of a research based theatrical event in promoting dementia knowledge transfer with a group of front line care workers. The event ran over eight days and consisted of an original theatrical production followed by a chaired audience discussion and workshops.*

Design/methodology/approach-*Questionnaires which had been developed specifically for this evaluation were completed by 863 front line workers on the day of the event, eliciting their profiles and immediate reactions. Three months after the event, thirty completed a follow-up questionnaire and eight were interviewed.*

Findings-*Attendance was well received with high degrees of both cognitive and emotional engagement being expressed in the initial questionnaire. The follow-up evaluation suggested that these positive reactions were sustained over time. However, many taking part in this follow-up thought that their practice had not changed as a result of event attendance. This apparent discrepancy between knowledge transfer and utilisation appeared to be partly the result of the influence of contextual factors in impeding this utilisation within work settings.*

Originality/value-*Evidence is provided on the positive impact of theatre on dementia carers' working lives. This is sufficient to warrant further applications of this method, provided there is careful attention to embedding the messages in the workplace context and evaluating their efficacy.*

Keywords *Dementia, Front line carers, Knowledge transfer and utilisation, Research based theatre*

Paper type *Research paper*

Introduction

In spite of increasing policy promotion of evidence-based practice (Grol and Grimshaw, 2003) the Cooksey Review (HMSO, 2006) of publicly funded healthcare research found that research knowledge in health care has been under-utilised, there still being a widespread failure to translate the findings of this research into practice settings. This 'implementation gap' has been particularly apparent in the area of dementia care with task centred rather than person centred approaches still tending to predominate (All Party Parliamentary Group, 2009). The failure to implement good quality, person centred dementia care is often attributed to inadequacies in the training of the front line workforce of unregistered personnel (Buchan et al; 2013; Department of Health, 2013). In contrast to qualified nurses who are accountable to their professional body, for this unregistered

workforce, vocational preparation tends to rely heavily on personal experience and past employment in similar settings (All Party Parliamentary Group, 2009), with fewer than fifty per cent of health care assistants having received four or more days training in the past year (Bradley, 2013). Even when relevant training is provided it may not go on to impact upon the quality of care provided, with new knowledge by itself rarely resulting in sustained changes in practice (McCabe et al, 2007). For this knowledge transfer to be achieved, certain conditions need to apply. The training programme content must be adequate and the style of training must also be appropriate with didactic education and standard issue protocols being the least effective in promoting knowledge utilisation. Instead people need to experience problems and solutions themselves and discuss these issues with colleagues in order for training to have an impact on behaviour (Grol and Grimshaw, 2003; Kolb, 2014). One means to overcome these barriers to knowledge transfer is the use of theatre in training interventions. It has been found that this can facilitate the communication of research findings in an engaging and contextualised manner especially in the area of health care research and the complex and emotive issues that this can encompass (Rossiter et al, 2008). Thus, it can not only entertain but also facilitate thought, reflection, personal transformation and emotional engagement. For example, some work has been reported on the promotion of empathy in mental health nurses through the use of theatre (Goodwin & Deady, 2013), while a research based project portraying dementia on stage (Mitchell et al., 2006), resulted in measurable changes in health care professionals' attitudes towards people with dementia (Jonas-Simpson et al., 2012). Nevertheless, research on the use of theatrical and dramatic representation of health related topics to influence health care staff still remains a relatively neglected area. In order to redress this neglect, here we present an evaluation a research based theatrical event which aimed to overcome some of the recognised deficiencies in the skills and knowledge of the front line dementia care workforce and *"to increase people's confidence in caring in clinical settings for people with memory problems and the family members who support them"* (Schneider et al, 2014). Specific event objectives were to improve insight, awareness, empathy and communication towards people with dementia and their carers as well as to demonstrate relevant skills in person centred care with a particular focus on communication and caring, as interwoven activities.

The originating research was designed as a multi-site and mixed methods study of the work of health care assistants who worked on hospital wards specialising in dementia care. The research aim was to explore the stresses, coping strategies and rewards of caring for people with dementia and main methods used were participant observation, interviews and focus groups (Schneider et al, 2014). The project evolved as resources became available and a script drawing on research findings was subsequently commissioned from a local theatre company. Following a 'pilot' phase including workshops and the presentation of excerpts from the play to an invited audience, funding was obtained to stage the work to front line dementia care workers at a university arts centre for eight days. The resulting event, which was attended by over 1,100 front line care workers, was made possible through collaboration with three local health care providers including two acute trusts and one mental health trust. The workshop participants were predominantly health care assistants who worked within these three organisations, with small numbers of others including nurses, residential care home staff, dementia trainers and other practitioners with an interest in dementia care. In recognition of the fact that many hospital and community settings need to adapt their provision to meet the needs of growing numbers of patients whose health is complicated by dementia or delirium, not all worked in specialist dementia care settings.

During the morning, participants attended the theatrical production which was three hours and fifteen minutes in duration including an interval and a post-performance audience discussion with the creative team facilitated by a local clinician or academic working in dementia. It was felt that this opportunity for audience participation would help to promote active learning which has been found to be more effective in promoting knowledge retention than more passive approaches such as simply watching and listening (Kolb, 2014). This process of active involvement was further facilitated by the workshops taking place in the afternoon in which participants were encouraged to reflect on issues raised by the play as well as to observe or test out new skills which aimed to incorporate different levels of cognitive processing (Bloom et al, 1956). Each workshop was jointly run by a facilitator and an actor for a group of 15-20 participants from a range of services. The session involved mutual introductions and a discussion of the play and its perceived resonance with participants own working role. This was followed by an exercise in 'hot seating' or 'interactive ethno-drama' (McKay and Bright, 2005) which required participants to adopt the role of a person with dementia. This individual was then addressed by other members of the group in an effort to ascertain their needs for assistance in the activities of daily living. This paper reports on the response of participants to this theatrically based learning event and the extent to which they felt their attendance would benefit their working lives.

Methods

As Rossiter et al (2008) observe, the efficacy of theatrical productions in promoting knowledge transfer has been generally under evaluated. The little research that has taken place on this issue has been characterised by a lack of consistency and has tended to take the form of either unstructured feedback, structured but open ended questionnaires or quantitative surveys. The focus of existing research has also been divided examining either whether participants enjoyed the production or what they learnt from it, while the lasting impact of these events have rarely been tested (Rossiter et al, 2008). These diverse approaches have given rise to problems in the rigour, comparability and generalizability of findings. In aiming to address some of the omissions of previous research, mixed methods were used in this research. In order to gather respondent profiles, evaluate the event and reflect on its success in achieving its objectives, all 1109 participants were asked to give questionnaire feedback immediately after the event. 863 questionnaires were returned giving a response rate of 77 per cent. The questionnaire had been developed in the initial pilot phase of the project and in order to facilitate ease of completion and processing it was intentionally short, including only ten questions. These included pre-coded questions gathering details of participants including their employing organisation, how regularly they worked with people with dementia, how confident they were in this role and whether they had received any training in dementia care. As the arts centre hosting the event were keen to see the extent to which it was successful in meeting its remit of broadening access, participants were also asked if they had attended the theatre or a theatre-related activity in the last year. The latter part of the questionnaire elicited reactions to the event itself and whether "*your experiences today with have an impact on the way you work with people with dementia*" with possible responses including "yes", "no" and "*not applicable*". More general reactions to the event were indicated by an open ended question asking for a resolution or goal that would help improve dementia care in the respondent's workplace and an invitation to make further comments. This was followed by a pre-coded question "*how would you rate the day overall?*", with possible responses on a five point scale ranging from "*poor*" to "*excellent*". Finally, with a view to conducting a follow-up evaluation

on the potentially sustained impact of attendance, participants were asked to leave their contact details if they were willing to take part in this follow-up.

This follow-up evaluation was carried out three months after the event and the 297 participants who had expressed a willingness to take part in this were invited to complete a questionnaire. Like the initial questionnaire, this was self-created, with questions reflecting the learning objectives of the event. These questions took the form of Likert scales were divided into two, the first seven invited reflections on the play while the final four questions focussed on reflections of the event as a whole and also provided an optional section in which participants could write their additional comments. Details of the questions asked can be seen in table 2. If the participants had given an email address, the follow-up invitation was sent by email together with a link to the online questionnaire while those without access to the internet were sent a paper copy of the questionnaire. The final number of responses to the questionnaire was 30 (10 per cent response rate). In addition to the follow-up questionnaires a second component of the follow-up evaluation was to collect some vignettes of those attending the event. These aimed to illuminate the degree to which participants had implemented their post event practice resolutions, as well as identifying potential barriers and facilitators to their achievement with these issues being explored in a semi-structured interview format. With this goal in mind, of the 297 who had expressed a willingness to be involved in the follow-up evaluation, 112 had also entered a resolution on their post event evaluation form. From these 112 participants, 25 were randomly selected to be contacted. Initial contact was made either by email or phone depending on the contact details given and short phone interviews were carried out with the eight respondents who replied to the invitation. Again this was a fairly low response rate (32%) exacerbated by the inaccessible contact details given by some respondents. Following data collection, all the pre-coded responses were entered onto a spread sheet and analysed accordingly while open ended comments and interview responses were transcribed and analysed in a multi-staged process. Elements of grounded theory were used in this process including the use of coding and analytical memos in order to identify emergent themes. Shown below are the results of this analysis with initial sections outlining responses to the post event evaluation questionnaire (n=863) while the follow-up sections detail responses from the online questionnaire (n=30) and the one to one interviews (n=8) respectively.

Findings

Participant profile (n=863)

It was found that the majority of 863 participants who returned the initial evaluation questionnaire worked with people with dementia on a regular basis (75 per cent). However, in accordance with previous research findings (All Party Parliamentary Group, 2009), around half (49 per cent) had not received training in dementia care although the incidence of this training varied by the employing organisation. As such 67 percent of employees of the local mental health trust had received this training as compared to 37 per cent of those working in acute trust 1 and 41 per cent in acute trust 2. Further details of event attendance and receipt of training in dementia care by employing organisation are shown in table 1. Amongst those who did report relevant training, study days, online learning and induction training were commonly referred to with few referring to relevant NVQs and more advanced qualifications. In addition, some appeared to classify work experience as relevant training. In spite of these varying levels of training, most (92 per cent) felt at least 'fairly confident' in working with people with dementia. Responses also showed that only

142 participants (16 per cent) had attended the theatre in the last year and only 37 (4 per cent) had participated in any theatre activity or workshop during the same period. This suggests that the event was successful in broadening access to artistic pursuits.

Table 1 about here

Initial reactions to the event (n=863)

Immediately after the event, the vast majority of respondents rated the day as good (15 percent), very good (35 per cent) or excellent (42 per cent) and it is interesting to note that the incidence of this positivity appeared to generally increase over the eight day period of the event with the lowest mean rating occurring on day one (3.83) and the highest occurring on the last day (4.43). This was likely to be due to improvements in event organisation taking place over that time. These experiences were elaborated in the additional comments made by 74 of the 863 respondents. Comments about event organisation were more likely to be negative than positive and referred to such issues as catering and the size and accessibility of the workshop venues. The few negative comments from participants about the play itself referred to perceived inaccuracies in the way in which their job was presented, particularly relating to the portrayal of poor working practices:

Not happy with the way HCAs were portrayed (eg. stealing patient's food).

Another perceived omission was the failure to portray important contextual factors such as 'time pressures' which could form a barrier to the achievement of good practice. For example, one participant thought the play should:

Show more of the agitated patients and time pressures on the ward.

In order to overcome this apparent tension between education on one hand and entertainment on the other, one respondent made the following suggestion:

One way around this would be for it to be explained prior to the performance that the HCAs role has been magnified and dramatized for the effect of the play. I feel like it would be conceived that the HCAs don't care for their patients really.

Despite these negative comments, comments about learning processes were mainly positive. and highlighted participants increased 'awareness' of their own role, their acquisition of 'knowledge' and their need to feel 'appreciated' in this role:

As a community health care assistant it was good to feel appreciated because there is such negative press in the media about healthcare in general.

This suggests that participants recognised the need for the negative portrayals of the media to be redressed and the corresponding need to raise awareness in society more broadly. This was further reflected in the common suggestion that the event should be made available to a wider audience:

The production should not only be for clinical staff but it should be shown nationwide to raise the awareness of the general public.

There was also a proliferation of words such as 'amazing' and 'fantastic' in written feedback suggesting a high degree of emotional engagement. While participants emotional reactions often did not make specific reference to the way in which their practice would be improved as a result of attending the event, other feedback highlighted the way in which the event helped to clarify ways in which person centred approaches could be practically implemented and sustained:

Even though I have extensive knowledge and understanding of dementia, this day has made me think that even if I'm rushed off my feet, I must make 'more' time for dementia patients.

I am very passionate about the people I work with and want to give them the best support I can. I feel that I will be able to communicate in a better way and alter my approach to each individual.

Responses also suggested that the benefits gained from attendance would be sustained with the vast majority (86 per cent) claiming that it would have an impact on their work with people with dementia:

I have thoroughly enjoyed my experience here today and feel very positive in reporting back to my ward.

This potentially sustained impact was reflected in the fact that 466 respondents took the opportunity to specify a resolution or goal that they thought would improve dementia care in their workplace. These were diverse with roughly half (233) referring to the need to change their own practice, 135 referred to the need for improved training and awareness, 54 referred to wider contextual issues while the remaining 44 made multiple resolutions or referred to 'other' issues. Some examples of these post event resolutions can be seen in table 3.

Follow-up questionnaire responses (n=30)

In order to further explore the way in which event attendance had a lasting impact on the work of attendees, a follow-up evaluation was carried out with thirty attendees three months after the event itself. Most of these respondents believed that the event had improved their insight into the experiences of people with dementia in hospital (n=23):

The whole day has made me have a greater understanding of dementia, I am not scared of looking after a patient with dementia anymore

In reflecting on the event as a whole, most also felt that it had helped them put person centred care into practice (19), that the workshops had helped them to get the most out of the play (19) and that they had gone on thinking about the experience over time (21). Thus some recounted how the play had become a talking point in their workplace:

In my place of work, all those alongside myself felt that the play was well acted. It was a total conversation over several weeks with one person or another.

Others were very specific about the changes made. Thus an HCA working in a trauma and orthopaedics ward said that many of her colleagues had adjusted their moving and handling techniques as a direct result of going to the event. Another referred to their attempt to modify ward noise levels as a result of seeing the play:

The one thing I bought away with me and have continually practised on the ward is trying to keep noise from staff to a minimum. The play portrayed every day life on a Ward and how noisy and confusing it is for a patient who may be feeling lost.

Several more expressed a general appreciation of the event and the applicability of the information it provided:

The day gave so much useful information that I can use on my ward and when I care for people.

Not a day goes by but I can relate work situations on the ward to the play and characters.

Through this training day I now always try to look at the bigger picture and understand why someone might be behaving in a certain way.

In spite of this apparent sustained and positive impact and the fact that 86 percent of respondents initially stated that their attendance would have an impact on their practice, in the follow-up questionnaire only half (15) thought that this practice "had changed as a result of attending" three months after the event. All the responses to the follow-up questionnaire can be seen in table 2.

Table 2 about here

Follow-up interview responses (n=8)

Of the eight follow-up interview respondents, all worked as health care assistants for one of the three collaborating NHS Trusts with the exception of 'Alice' who was a registered nurse with an interest in dementia care. The resolutions expressed in their initial questionnaires were diverse as were the identified barriers and facilitators to their achievement within the workplace with cited barriers including bureaucracy, lack of time, lack of staff and resources more generally, language barriers and working and training practices which prioritise task centred approaches. Conversely, main facilitators appeared to be good communication, support, commitment, flexibility and empathy amongst the staff team, continuity of care as well as person centred assessments and practical aids such as colour coded mugs. Shown in table 3 is a summary of the practice resolutions identified on post event evaluation forms and corresponding barriers and facilitators to good practice identified in follow-up interviews. For example 'Greta' had worked for 12 years as a health care assistant in a community mental health team for older people, working very regularly with people with dementia both in their own homes as well as in a memory clinic. She enjoyed attending the event and said it was good to have access to less conventional training provision as well as to network with other colleagues there. Since attending she had become a dementia friend and had been involved in discussions with colleagues about the play and why it should reach a wider audience to incorporate other staff such as doctors. However she felt that the predominance of unimaginative training provision at her work place which focussed on mandatory issues, combined with a lack of resources such as day care for her client group were major barriers to improving standards of care provision within her role.

Table 3 about here

Discussion

Debates surrounding the widespread failure to implement good practice in dementia care and health and social care more generally are often attributed to a 'knowledge gap' within the front line workforce (All Party Parliamentary Group on Dementia, 2009). However, not only have the perspectives of front line workers tended to be excluded from this debate but the debate itself has often been characterised by a lack of clarity on the required components of this good practice (Brooker, 2004). The innovative training event presented here aimed to overcome these omissions and avoid traditionally didactic methods of training provision by encouraging participants to reflect on their own practice. Evidence of this reflection was apparent in participants' feedback on their experience of the event. These referred to such benefits as the acquisition of 'knowledge', the awareness of the need to 'communicate' in a better way and to 'make more time' for dementia patients. Comments also highlighted participants' increased 'awareness' of their own role and their need to feel 'appreciated' in this role. Calls for the play to be shown to a wider audience both in geographical and professional terms indicated recognition that this awareness and appreciation should be more widespread. This was seen as particularly significant in view of the large amounts of 'negative press' about front line health care workers, especially those working in the area of dementia. Participant feedback on the event did include a few negative comments on such things as organisational issues and the perceived inaccuracy in

portrayals of working practices, thus highlighting the potential tension between the event's dual goals of entertainment on one hand and information on the other (Saldana et al, 2003). However, participants' immediate reaction to the event was overwhelmingly positive with this appreciation being expressed on emotional as well as cognitive levels. These emotional reactions reflect the findings of other research which suggests that such responses are significant when dramatic techniques are used as a knowledge transfer strategy and are more likely to lead to sustained responses than when engagement is on a solely cognitive level (McKay and Bright 2005). Further evidence of this potentially sustained response was apparent in the optional resolutions to improve practice made by over half of the respondents to the initial questionnaire.

While this evidence of knowledge transfer was apparent in the follow-up sample with most claiming that their insight and understanding of people with dementia and their care needs had improved, only half of this group thought that these positive impacts had gone on to change their practice. This could possibly be attributed to methodological issues such as the small and unintentionally self-selecting follow-up sample whose views and experiences may not have been representative of the wider group. It could also be due to the nature of the questions being asked and the fact that self-created rather than validated measures were used. For example, follow-up questions did not elucidate the reasons for this lack of change in practice which could include the fact that the respondent did not currently work in a relevant setting or that they felt that their practice was already excellent and not in need of further improvement. Nevertheless, as follow-up interviews suggested, this implementation gap could also be due to the incidence of contextual constraints on knowledge utilisation due to such things as staff shortages and lack of support from the team. This highlights the potential distinction between knowledge *transfer* on one hand and knowledge *utilisation* on the other (Rossiter, et al, 2008), a distinction that has been recognised from a number of disciplinary perspectives (Grol and Grimshaw, 2003). Thus educational approaches which are influenced by a phenomenological view of human personality (Pervin, 1970), place an emphasis on the style of learning approaches adopted in order to bridge the implementation gap and encourage participants to 'own' any changes made. In contrast to this individualised approach, behavioural, social influence and organisational theories stress the importance of external factors in the promotion of knowledge utilisation and in the creation of the conditions necessary for this to take place (Argyle, 2012). All of these theoretical perspectives were reflected in responses to this evaluation. For example, in their practice resolutions, the majority of respondents tended to cite individualised goals such as to improve their own practice or training while barriers and facilitators to their achievement often referred to contextual issues.

In view of these multi-levelled barriers to knowledge implementation, interventions aiming to address these barriers should aim to adopt a systemic approach, focussing not only on the provision of training of front line staff but also on the wider factors that can facilitate or impede knowledge utilisation (Argyle and Kelly, 2015). With these aims in mind, recent policy has made a number of recommendations, suggesting the need for greater rigour in the training and recruitment of front line care workers (Department of Health 2013) and the establishment of 'dementia champions' in health and social care settings (Department of Health, 2009). Measures should also extend beyond direct care providers with the commitment of managers being central to the implementation of person centred interventions through both ensuring that adequate time and resources are available as well as in the creation of environments where the needs of both workers and their clients are recognised and responded to (All Party Parliamentary Group on

Dementia, 2014). Finally, stigma and prejudice towards people with dementia should be addressed, for this gives rise to discrimination not only in the status, pay and training of care workers but also in service provision and resource allocation (Brooker, 2004). Although the follow up evaluation presented here was limited by the short time frame and the relatively small sample size, it provides evidence that the medium of theatre has the capacity to meet these challenges. Thus many suggested that the event should be available to the 'general public' in order to 'raise awareness' and to help to eradicate the social stigma attached both to people with dementia and to those who care for them.

Conclusion

This paper presents evidence of the impact on direct care workers of a theatrical representation of their working lives. It argues that the experience presents a learning opportunity and draws inferences about knowledge transfer occurring from participants' claims that their behaviour had altered as a response to what they had seen and the resolutions they had made following the play. We infer that knowledge transfer was achieved through the theatre experience in combination with experiential workshops designed to promote reflection. These findings contribute to a small literature on the use of theatre as a mode of research dissemination and as a means to empowerment. The participants' overwhelmingly positive response to this event, the perceived relevance and transferability of the knowledge gained from it and its apparently enduring impact indicate the potential of theatre in knowledge transfer in similar contexts. Enabling audiences to reflect on these issues leads to critical self-awareness, and the theatrical portrayal of dementia care in the event appears to have raised participants' self-awareness and self-esteem, while permitting them to acknowledge some of the obstacles that constrain care quality improvement and the ideal of 'person-centred' dementia care. We conclude therefore that the experience promoted learning and awareness of the components of good care practice, while also highlighting the contextual barriers and facilitators to the utilisation of this learning.

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Table 1 – Event attendance and training in dementia care by employer - n=863 (%)

Employing organisation	Event attendance	Had attended training in dementia care		
		Yes	No	No reply
Acute Trust 1	583 (68)	216 (37)	335 (57)	32 (6)
Acute Trust 2	180 (21)	28 (41)	34 (49)	7 (10)
Mental Health Trust	69 (8)	122 (67)	37 (21)	21 (12)
Other employer	31 (3)	16 (52)	13 (42)	2 (6)
Total	863 (100)	382 (44)	419 (49)	62 (7)

Table 2 – Follow-up reflections on the event – n=30 (%)

Having attended the event and reflecting on the play itself how far would you say:	Not at all	Not much	Neither yes or no	To some extent	A great deal
It gave you a better insight into the experience of people with dementia in hospital	1 (3.33)	2 (6.67)	4 (13.33)	11 (36.67)	12 (40)
It reminded you of situations you have encountered at work	0 (0)	3 (10)	2 (6.67)	13 (43.33)	12 (40)
It raised your awareness of ways of communicating with people with dementia	0 (0)	2 (6.67)	3 (10)	12 (40)	13 (43.33)
It made you more alert to the needs of family carers	0 (0)	2 (6.67)	7 (23.33)	7 (23.33)	14 (46.67)
It helped you to see people with dementia as individuals with a past	2 (6.67)	0 (0)	3 (10)	7 (23.33)	18 (60)
It helped you to feel more compassionate towards people with dementia	0 (0)	0 (0)	3 (10)	13 (43.33)	14 (46.67)
It made you more likely to go to the theatre again	0 (0)	3 (10)	10 (33.33)	8 (26.67)	9 (30)
Reflecting on the day as a whole how far would you say:	Not at all	Not much	Neither yes or no	To some extent	A great deal
It helped you to put person-centred care into practice	2 (6.67)	1 (3.33)	8 (26.67)	8 (26.67)	11 (36.67)
Your practice at work has changed as a result of attending the day in June	3 (10)	4 (13.33)	8 (26.67)	8 (26.67)	7 (23.33)
You have gone on thinking about the experience over the time since then	0 (0)	6 (20)	3 (10)	9 (30)	12 (40)
The workshop helped you to get the most out of the play	2 (6.67)	2 (6.67)	7 (23.33)	7 (23.33)	12 (40)

Table 3: Post event resolutions and follow-up perspectives on the barriers and facilitators to knowledge transfer

Pseudonym	Resolution	Barriers	Facilitators
Alice	<i>“Raise awareness and understanding of the people who care for and are a person with dementia”</i>	Task centred approaches	Staff support
Becky	<i>“To show more empathy”</i>	Lack of time	Practical aids and adaptations
Claire	<i>“To have a more person centred approach when caring for people with dementia”</i>	Lack of continuity of care	Continuity of care (long stay ward setting and full time work), person centred assessments
Diana	<i>“I feel that I could offer sympathy, empathy and hopefully, if need be, a shoulder to cry on”</i>	Poor staffing levels	Good staffing levels

Ellen	<i>"To be a good influence, treating people on an individual basis, not just presuming how people feel or are thinking"</i>	Lack of time	Person centred assessments, good communication, committed and flexible staff
Fiona	<i>"Get on training and be more patient"</i>	Lack of staff, team support and time. Bureaucracy and language barriers	Commitment, prioritisation of tasks and flexible, knowledgeable staff
Greta	<i>"Increase pay. More information"</i>	Lack of resources for client group and inadequate training provision	Diverse and imaginative training provision
Hilary	<i>"To learn as much as possible so I can give the best care"</i>	Lack of time	Good team support and training